General

Title

Testicular cancer: proportion of patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT) who undergo at least three CT scans of the abdomen +/- chest and pelvis within 14 months of diagnosis.

Source(s)

NHS Scotland, Scottish Cancer Taskforce. Testicular cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 29 p. [19 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT) who undergo at least three computed tomography (CT) scans of the abdomen +/- chest and pelvis within 14 months of diagnosis.

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the Healthcare Improvement Scotland Web site .

Rationale

There are several ways to manage patients with stage I testicular non-seminomatous germ cell tumours (NSGCT). Active surveillance is a standard approach to take (Scottish Intercollegiate Guidelines Network [SIGN], 2011; Rustin et al., 2007). Evidence has shown that the results from surveillance are as favourable as those who undertake adjuvant therapy (Yu et al., 2009). It is important that the individual will comply with the surveillance protocol (Alberta Provincial Genitourinary Tumour Team, 2012).

The frequency of surveillance has been researched a great deal with various timeframes showing benefits. It has been found that in low-risk patients stage I testicular non-seminomatous (or mixed) germ cell tumour under surveillance, computed tomography (CT) scanning at three and 12 months

post pathological diagnosis and confirmed staging with normalised serum tumour markers (STMs) is recommended (Rustin et al., 2007).

As there is conflicting evidence on performing CT of the chest and pelvis, the development group felt unable to make this aspect prescriptive.

Evidence for Rationale

Alberta Provincial Genitourinary Tumour Team. Testicular germ cell tumours. Edmonton (Alberta): Alberta Health Services, Cancer Care; 2012 Feb. 20 p. (Clinical practice guideline; no. GU-001). [58 references]

NHS Scotland, Scottish Cancer Taskforce. Testicular cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 29 p. [19 references]

Rustin GJ, Mead GM, Stenning SP, Vasey PA, Aass N, Huddart RA, Sokal MP, Joffe JK, Harland SJ, Kirk SJ, National Cancer Research Institute Testis Cancer Clinical Studies Group. Randomized trial of two or five computed tomography scans in the surveillance of patients with stage I nonseminomatous germ cell tumors of the testis: Medical Research Council Trial TE08, ISRCTN56475197--the National Cancer Research Institute Testis Cancer Clinical Studies Group. J Clin Oncol. 2007 Apr 10;25(11):1310-5. PubMed

Scottish Intercollegiate Guidelines Network (SIGN). Management of adult testicular germ cell tumours. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2011 Mar. 63 p. (SIGN publication; no. 124). [152 references]

Yu HY, Madison RA, Setodji CM, Saigal CS. Quality of surveillance for stage I testis cancer in the community. J Clin Oncol. 2009 Sep 10;27(26):4327-32. PubMed

Primary Health Components

Testicular cancer; stage I testicular non-seminomatous germ cell tumour (NSGCT); abdominal computed tomography (CT)

Denominator Description

All patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT) who undergo at least three computed tomography (CT) scans of the abdomen +/- chest and pelvis within 14 months of diagnosis (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Male (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT)

Exclusions

- Patients who have received adjuvant chemotherapy
- Patients who are treated within a clinical trial

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patients with stage I testicular non-seminomatous (or mixed) germ cell tumour (NSGCT) who undergo at least three computed tomography (CT) scans of the abdomen +/- chest and pelvis within 14 months of diagnosis

Exclusions

- Patients who have received adjuvant chemotherapy
- Patients who are treated within a clinical trial

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: 85%

The tolerance within this target is designed to reflect factors relating to patient choice such as patients who are unavailable at specified time, who do not comply with surveillance and patients who relapse.

Evidence for Prescriptive Standard

NHS Scotland, Scottish Cancer Taskforce. Testicular cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jun. 29 p. [19 references]

Identifying Information

Original Title

QPI 9 – computed tomography scanning for surveillance patients.

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Testicular Cancer

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Testicular Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jun

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

Date of Next Anticipated Revision

2018 Mar

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the Healthcare Improvement Scotland Web site .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

- NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the Healthcare Improvement Scotland Web site .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 16, 2017.

Copyright Statement

Production

Source(s)

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